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Marianne O'Hare: Welcome to Conversations on Health Care with Mark Masselli and Margaret Flinter a show where we speak to the top thought leaders in health innovation, health policy, care delivery and the great minds who are shaping the health care of the future. This week Mark and Margaret welcome Dr. Bechara Choucair, Coordinator of Vaccinations at the White House. Dr. Choucair is overseeing the most massive vaccine effort in history, leading President Biden's promise to put 200 million doses of COVID-19 in the first 100 days into Americans

Lori Robertson also checks in, the Managing Editor of FactCheck.org she looks at misstatements spoken about health policy in the public domain, separating the fake from the facts, and we end with a bright idea that's improving health and well-being in everyday lives. If you have comments please e-mail us at chcradio@chcone.com or find us on Facebook, Twitter, or wherever you listen to Podcast and you can also hear us by asking Alexa to play the program. Now stay tuned for our interview with Dr. Bechara Choucair here on Conversations on Health Care.

Mark Masselli: We're speaking today with Dr. Bechara Choucair a Vaccination Coordinator at the White House under President Biden. He recently served as Senior VP for Community Health and Chief Health Officer at Kaiser Permanente.

Margaret Flinter: Dr. Choucair also has served as the Commissioner of the Chicago Department of Public Health, where he initiated data driven innovations to address the social determinants of health. Dr. Choucair, we welcome you today to Conversations on Health Care.

Dr. Bechara Choucair: Well, thank you so much for having me here. It's -- I'm really thrilled.

Mark Masselli: Well, that's great. You know, we're witnessing the most massive vaccination effort in history. I think when President Biden first came to office, he said he was going to have vaccines to over a 100 million vaccines. And along that journey, he doubled the amount in his first 100 days. And he just announced that all Americans would be vaccine eligible by April 19th. Moving that date up from May 1st. I wonder if you could just take our listeners behind the scenes and help us understand how the President's whole government strategy has been deployed to meet this quest to vaccinate everyone in the country?

Dr. Bechara Choucair: Of course, well, let me first off start by sharing some top line numbers. 11 weeks ago, the U.S. was averaging less than 1 million vaccinations per day, our current seven-day average is over 3 million vaccinations per day. And this weekend, we've reported for the very

first time ever, 4 million shots reported administered in one day. And as of today, we've administered over 168 million doses as a country. And for people 65 and older, where we know 80% of the deaths from COVID is happening, more than 75% of people 65 and older, have had at least one shot of the vaccine that's up from 8% 11 weeks ago.

So when you look at the number, this is really impressive. And I continue to be in awe on how this country is coming together to get us all vaccinated and getting us past this pandemic. I'm so grateful for the millions of people who are walking in every day, and were involved in this effort. And when you look at what the vaccination strategy is about, it's really about increasing supply. It's about making sure we have more vaccinators across the country, and creating more places for people to get vaccinated. And that's really what we've been focusing on. And when you look at the supply, we've delivered about 90 million doses in the last three weeks when you, when you look at it, and we continue to work with states, with tribes, with territories, with pharmacies, with community health centers, and others to create more and more places for people to get vaccinated. And all along, equity is at the center of all this work.

Margaret Flinter: Well, we have certainly taken note that the Biden administration has been very clear about being focused on making sure the nation's most vulnerable populations, those hit hardest by COVID-19 are in line to get the resources that they need and to vaccinate the country's most vulnerable populations. And we understand now that vaccines will be made available to all community health centers, who have a particular focus on that I know you have a history with community health centers, and that they will be part of that solution. Maybe you could talk a little bit about this new development and the role that community health centers are playing today in addressing health disparities which have certainly been amplified by the pandemic?

Dr. Bechara Choucair: Absolutely. And back in February, we launched the program with federally qualified health centers to allocate vaccines directly to them through the federal government. And this is an integral part of our equity efforts that's focused on those who are not underserved, those who are hardest hit. And this effort around equity includes many more aspects to it as well, like our community vaccination centers, mobile clinics, building vaccine confidence. And I know both of you are national leaders in the community health center movement. You know, I'm a family physician, I had the opportunity to train in a Community Health Center, I was a Medical Director of a Community Health Center, I was an Executive Director. So I know how relevant this work is and how much of an added value Community Health Centers offer across the country, particularly when it comes to the equity issues.

You know, there are about 1400 or so federally qualified health centers across the country, they serve almost 30 million people, two-thirds of whom are living at or below the federal poverty level. 60% of whom are racial and ethnic minority. So when we started this program, we were really focusing on this population to make sure they have access to the vaccine. And we started with about 250 or so of these federally qualified health centers. In the second phase, we've added 700 more federally qualified health centers who got invited to participate, and we're sending the invitation to the remaining federally qualified health centers and look alike community health centers to participate in this program.

And I have to tell you both, I had the opportunity to go last Friday and spend time at one of these pop-up clinics that were done by La Clinica, which is a federally qualified health center in the East Bay here in California. And to get to see the passion, that commitment, this effort that's bringing so many people together to make an impact in people's lives is truly heartwarming. And on top of that, as we all know, a couple of weeks ago, we announced a \$6 billion investments in Community Health Centers across the country as part of our American rescue plan to support testing, to support treatment, to support vaccinations, as well as expanding the health center's operational capacity during this pandemic and beyond. So I continue to be a big fan of the Community Health Centers across the country and grateful for the tens of thousands of people who run and participate in supporting people in these Community Health Centers, particularly with that equity focus.

Mark Masselli:

And that's such an important investment by the Biden administration and well appreciated. You know, I really liked your three pillars you want to increase supply, increase vaccinators, and more places for folks to get vaccines. But I do want to sort of talk about the issues around vaccine production. 62 million Johnson & Johnson vaccines are being examined with for possible contaminants that emerged in the same plant where 15 million vaccines were scrapped last week for contamination with components of the AstraZeneca vaccine and the CDC has halted AstraZeneca's vaccine production at the same facility due to ongoing concerns. Obviously, big implications for the President's target, if supply chains get disrupted. I'm wondering if you could address some of these ongoing challenges?

Dr. Bechara Choucair: Well let me just start by emphasizing that no vaccine that was manufactured at the Baltimore facility has been used in any U.S. vaccination efforts so far, because that facility hasn't been authorized by the FDA. So all the vaccines that the J&J vaccines that's out that's in the public that's been administered did not come out of that facility. And now as you all know, J& J now is installing a new senior

leadership team to oversee all aspects of production and manufacturing at the emergent facility, and will have full responsibility for the operations, production, and manufacturing of the facility. And as a company that will continue to work with the FDA on addressing any type of manufacturing issues. And no product will come out of the Baltimore facility without full authorization by the FDA. And this is a critical part of ensuring quality and safety of vaccine product. And we also heard from J&J that they do not expect that this to impact their overall commitment to provide nearly a 100 million doses of vaccines by the end of May. So we are still on track to have enough vaccine supply for all adults by the end of May.

Margaret Flinter: Well, Dr. Choucair that is great news, and the focus on vaccines is obviously so vital to success and kind of all consuming, but we want to remember we still need COVID testing, right, and that is still inconsistent in many parts of the country. Some places probably quite easy to access and some not so easy. And it seems like almost from the beginning, we thought we would soon have a rapid test, affordable, easy to use rapid test, even use at home tests. We still don't have it. We're watching infection rates climb again, in many parts of the country, in part driven by the variants. What's your sense of the timeline? Are we going to see some significant progress in this over the coming weeks and months? And as we think about issues of children and the variants, this just seems like a pressing issue. We're just not sure where things stand now. So, shine some light on that for us?

Dr. Bechara Choucair: Well, let me just start by saying that testing continues to be a very important part of helping us fight this pandemic. Carol Johnson, my colleague on the White House COVID response team, she's our testing coordinator. She continues to make sure that we continue to focus on testing, and there's been significant investments in testing with the \$10 billion commitment that was announced a few weeks ago as part of that American rescue plan. There are efforts to increase serial testing, the FDA has been doing a lot more work on testing. And we'd want to continue to encourage people across the country to focus on testing as a key strategy to help us beat the pandemic. And vaccinations is extremely important. We're really proud of the progress. Meanwhile, we need to continue to focus on testing as well.

Mark Masselli: We're speaking today with Dr. Bechara Choucair, Vaccination Coordinator at the White House under President Biden, you know, congratulations, the U.S. vaccination program is really quite remarkable, especially when it's compared to many parts of the world, where it's been erratic or non-existent. And as long as the world remains unvaccinated, I think it's fair to say it's a petri dish for variants to grow in and something of a concern. And obviously, we've

seen that the pandemics out of control in Brazil, in Europe in Italy, the surge cases are really being driven by, at least in the Europe side on the B-117 variant, I believe the CDC just announced it's the most prevalent variant here in the United States. I'm wondering, could you address some of these challenges of how the U.S. is going to help deal with the global supplies that are needed to really to make sure that all of us are safe, because we can't be isolated from the rest of the world?

Dr. Bechara Choucair: Well, let me just start by saying that my role is focused exclusively on our efforts in the United States. We are a country that has suffered over half a million deaths more than any country in the world. In the meantime, we have taken significant steps and under the President's direction, the United States has re engaged with the World Health Organizations on day one. We have committed to providing the most funding to Covax of any other country in the world, with \$4 billion. And this gives money to developing countries to purchase vaccine. We also announced with our quad partners that we are working to achieve expanded manufacturing of safe and effective COVID-19 vaccines, at facilities in India and thus boost production globally. So a lot of work has happened, and more will happen along the line.

Margaret Flinter: Well, that's so important. And while we're looking at all the accomplishments and the things we can look forward to in the future, we know that the American Rescue Act also is making big investments in public health and supporting public health and addressing issues that drive health inequity, even without the issue of the pandemic. We'd love for you to highlight some of the transformation initiatives in the Rescue Act that that you think as a public health person holds some promise for really improving public health and helping to reduce health equity in our country, even beyond the pandemic, which some day will be over.

Dr. Bechara Choucair: Well, thank you, Margaret, for bringing that up. And on the American rescue plan let me highlight maybe three of the many ways that the American rescue plan is, is supporting public health. First, as I previously mentioned, there are literally billions of dollars in funding for Community Health Centers. We've already announced \$6 billion in investments, but there's a total of \$7.6 billion and in that pot that's dedicated to Community Health Centers that we know are a cornerstone of reaching underserved populations in this country. So we know these dollars will go to expand access for vaccine, expand access for testing, treatment, preventive and primary health care services to people at high risk of COVID-19 as well as expanding the Health Center's operational capacity during the pandemic and as you've said in your questions even beyond that, beyond the pandemic.

The other example I want to lift up is the \$7.6 billion that are available to expand the public health workforce. I think all of us agree that the public health workforce has been severely underfunded for decades. And we really need to expand capacity to prepare for and prevent future pandemics. And to do so in a way that brings in people from the communities that have been hit hardest by this pandemic. And then the last example I'll highlight is the \$3 billion in CDC funds, to states and large cities that were announced recently. This funding will be a way to bring community based organizations and faith based organizations into the work of public health when it comes to responding to this pandemic. But it also helped build relationship that will endure beyond this pandemic and can help address some of the chronic conditions that many people in this country are facing, who don't have adequate care or adequate access to health care services. So it's a lot there that I'm really excited about. I do want to point out the one key aspect of the work that's really about building vaccine confidence that we're seeing, and we know that doctors and nurses play a huge role. And they're the most trusted when it comes to messaging around vaccine confidence. And we'd want to make sure that we're leveraging that voice. We're bringing more people into what we've announced last week around the COVID community core, which is a set of trusted messengers across the country that are stepping up and helping us deliver the messages about the safety of the vaccine and the importance of vaccination. So I'm hoping that many of the listeners would be interested in stepping up and be part of this COVID Community Corps and help us deliver the right messages to their friends, family and community contacts as well.

Margaret Flinter: Wonderful.

Mark Masselli: That's a great clarion call. And the American Rescue Act is breathtaking in its scope and its vision, we would want to focus a little bit now on this race that we're having between the vaccine and the variants. And I talked earlier about the B-117 being now the dominant strain in the United States, and it seems to be more contagious, more lethal, highly transmissible, also really impacting younger populations. Well, I'm wondering what your sense of the likelihood of the vaccine efficacy persisting against these rising strains, in a sense – and it sounds like you're building an infrastructure that will address the boosters if they're going to be required and what are the plans for scaling up or any additional scaling up might be needed if a booster is required?

Dr. Bechara Choucair: Well, thank you for the question, Mark. And let me just start by saying that we are very much in a race against the variants that we're seeing across the country. And what we know is that the same set of mitigation efforts that worked for the wild type of the virus worked

for the variants. So first off, now is not the time to loosen restrictions on mitigation measures like masking and social distancing, and others. We have made as a country, we have made so much progress over the last few weeks. And we have to keep making gains and pushing the numbers of new cases down, you know, a base of 60,000 cases per day is still way too high for us to let our guards down. And that's why the President has been very clear by calling on governors, mayors to make sure that we're doubling down on those mitigation efforts. We keep our masking mandates, we reinstate them, if we drop them now, it's absolutely not the right time to put our guard down.

At the same time, we have to continue to push our vaccination efforts forward. We've making tons of progress. I've mentioned this a little earlier. Now we're doing on average 3 million shots per day. And we have to continue to do that. So we have to win this race. And I'm grateful for everybody that's being part of this effort across the country. Meanwhile, the government has a role at all different levels and individually, we have a role, to make sure that we continue to mask out, make sure we continue to keep social distancing, wash our hands, avoid travels, and be able to stay safe in the next few weeks as we build up immunity across the country.

Mark Masselli: Just on the side, vaccine passports. I know the White House came out the other day and not something they're going down, any sense of certainly in the private sector we're seeing in Israel that they have adopted that. Does it make sense for businesses and others who want to do that if it's done outside of the government here?

Dr. Bechara Choucair: Well, I mean, let me be clear the government is not now nor will be supportive of a system that requires people to carry a credential, there will be no federal vaccinations databases and no federal mandate requiring folks to obtain a single vaccination credential. But we know that these tools are being considered by the private not for profit sectors. And we want to make sure that our voice is there, our interest is fairly simple. We'd want to make sure that we're protecting the privacy and rights of people living in this country. So these systems are not used against people unfairly. That is really our position on vaccine credentialing at this point.

Mark Masselli: And I think that's a great message for the American public to hear.

Margaret Flinter: Absolutely.

Mark Masselli: So, thank you so much.

Margaret Flinter: We've been speaking today with Dr. Bechara Choucair a COVID-19 Vaccination Coordinator at the White House under President Biden. Learn more about his vitally important work by going to

buildbackbetter.gov or follow him on twitter @choucair. Dr. Choucair, we want to thank you for all that you've done in your work to-date, to contribute to healthcare to public health and for really making this huge, huge step forward in helping us defeat the COVID pandemic and for instilling confidence in public health in the United States. Thank you for joining us on Conversations on Health Care.

Dr. Bechara Choucair: Thank you so much for hosting me.

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Mark Masselli: At Conversations on Health Care, we want our audience to be truly in the know when it comes to the facts about health care reform and policy. Lori Robertson is an award winning journalist and Managing Editor of FactCheck.org, a nonpartisan, nonprofit consumer advocate for voters that aim to reduce the level of deception in U.S. politics. Lori, what have you got for us this week?

Lori Robertson: A Food and Drug Administration presentation on monitoring the safety of COVID-19 vaccines listed possible adverse events the agency might track, but an Instagram post misrepresents the document. Falsely claiming it shows the vaccines are known to cause harmful side effects including death. It's just one example of misinformation about the COVID-19 vaccines that is circulating on social media. The popular Instagram post cites a government document to falsely claim that federal officials know that the COVID-19 vaccines cause death and other dangerous side effects. But the post is wrong. The FDA presentation at its sites which is publicly available doesn't say that and there is no evidence that the COVID-19 vaccines have caused any deaths. The FDA presentation was given at an October 30th meeting of a CDC Advisory Committee. The presentation outlined a variety of ways that FDA's Center for Biologics Evaluation and Research would monitor vaccine safety once COVID-19 vaccines were available. One slide in the presentation showed a "working list of possible adverse event outcomes." These are outcomes the FDA could possibly monitor once a vaccine was authorized. Daniel Salmon, Director of the Institute for Vaccine Safety at Johns Hopkins University, told us officials develop a list of adverse events to monitor in order to proactively ensure the vaccine rollout is safe. And there's a difference between a report of an adverse event following immunization and an adverse event caused by the vaccine, he said. Anyone can submit a report of an adverse event that occurred after immunization through the vaccine adverse event reporting system, with more than 109 million doses of COVID-19 vaccines administered in the US as of March 15, the CDC received 1913 reports of deaths that took place after someone received the vaccine. Then on March 15, the CDC said that none were linked to the vaccination. "A review of available

clinical information including death certificates, autopsy and medical records revealed no evidence that vaccination contributed to patient deaths. And that's my fact check for this week. I'm Lori Robertson, Managing Editor of FactCheck.org.

Margaret Flinter: FactCheck.org is committed to factual accuracy from the country's major political players and is a project of the Annenberg Public Policy Center at the University of Pennsylvania. If you have a fact that you'd like checked, e-mail us at www.chcradio.com. We'll have FactCheck.org's Lori Robertson check it out for you here on Conversations on Health Care.

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Mark Masselli: Each week, Conversations highlights a bright idea about how to make wellness a part of our communities and everyday lives. Students of public health are often tasked with devising interventions for addressing some of health's biggest challenges. And for Harvard T.H. Chan School of Public Health students, Dan Wexler and Priya Patel. Their idea netted an award and launched a business idea at the same time. The students were tasked with addressing food insecurity in underserved parts of the world, including in neighborhoods in their own backyard families living in high poverty, low resource area in finding fresh, affordable, healthy food in neighborhoods with no grocery stores or food markets. They thought of the current trend of healthy meal or meal services like Blue Apron and wondered what if we modified that business model to serve the needs of those living in food deserts. Wexler and his partner sourced food delivery companies that could provide pre packaged meal kits, with all ingredients included, even spices, dressings and recipes. And instead of home delivery approach, they designed refrigerated kiosks that could easily be placed in local neighborhoods. Wexler says they wanted to make the idea of healthy eating and meal preparation as simple as possible.

Dan Wexler: I think the biggest change is that there is no delivery system door to door per se. And that by going and setting up these kiosks in the community, you can have a very lean design you can have, you don't need a storefront, you don't need to pay for shipping. You don't need to have in-box refrigeration. And you are very much addressing the needs of access by physically saying, hey, here is healthy food. It's convenient, because everything you need is in the box. The directions are simple, very picture based, there's a lot of literacy issues. And so just really thinking about how can we take all those lean design principles to facilitate access? That really, I think, make it a solution that has the potential for impact.

Mark Masselli: And they also conducted research with local ethnic groups to create recipes that would resonate with their families.

Dan Wexler: Then we just went down to community and did taste testing at the Farmers Market and talked to people and said, you know, do you like this? What do you want to be able to eat for dinner? How do you want to cook? So basically, we have some dishes that is similar, similar textures, similar spices. One thing that we found is ,there's a little bit of contention between parents who want to eat more traditional foods and kids who want to eat more American foods. And we tried to alleviate that and bridge those gaps, so one of our recipes, for instance, is a chicken pot pie pasta. So it's kind of American, it's fun sounding. But also we use a lot of traditional seasonings and spices.

Mark Masselli: Customers can simply walk to the kiosk and purchase their meal kits with the snap cards or cash, and the added benefits, the Kiosk will be run by the residents of the neighborhood, giving them an opportunity to purchase the kiosk and run them like a franchise offering an economic benefit to the community as well. Their idea earned them the Rabobank-MIT Food and Agribusiness Innovation prize, and \$15,000 in startup money to launch their enterprise. A low cost portable, healthy meal service placed in portable kiosk in food desert neighborhoods, offering families a simple solution to address the problem of poor nutrition providing an economic opportunity at the same time. Now that's a bright idea.

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Mark Masselli: You've been listening to Conversations on Health Care. I'm Mark Masselli.

Margaret Flinter: And I'm Margaret Flinter.

Mark Masselli: Peace and Health.

Margaret Flinter: Conversations on Health Care is recorded at WESU at Wesleyan University, streaming live at www.chcradio.com, iTunes, or wherever you listen to Podcasts. If you have comments, please e-mail us at chcradio@chc1.com, or find us on Facebook or Twitter. We love hearing from you. This show is brought to you by the Community Health Center.

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